

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42601
Registrar's No. 11064

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. 11064	
1. PLACE OF DEATH a. COUNTY 3				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2d 19			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pronounced dead Homer Phillips				2d STREET ADDRESS (If rural, give location) 3425 Delmar Blvd			
3. NAME OF DECEASED (Type or Print) Alpha		a. (First)		b. (Middle) Merrill		c. (Last)	
4. DATE OF DEATH Dec 24 1950		(Month)		(Day)		(Year)	
5. SEX Female 3		6. COLOR OR RACE Cal		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Single 0		8. DATE OF BIRTH Nov 13th 1929	
9. AGE (In years last birthday) 21		10. MONTHS 1		11. DAYS 11		12. IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY -			
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James A. Merrill		13b. MOTHER'S MAIDEN NAME Alberta Thompson		14. NAME OF HUSBAND OR WIFE -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James A. Merrill 3425 Delmar Blvd			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Subdural hemorrhage Cerebral hemorrhage Ruptured spleen DUE TO: Blunt force trauma when struck by automobile driven by one James Green (ask) around 1230 AM Dec 24 1950. II. OTHER SIGNIFICANT CONDITIONS absent in front of 3006 Delmar Ave Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident ooo				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 2d 19 60125		21f. HOW DID INJURY OCCUR? 60125	
21d. TIME OF INJURY Dec 24 5 1230 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1230 P.M., from the causes and on the date stated above.							
23a. SIGNATURE Patrick E. Taylor Coroner (Degree or title)				23b. ADDRESS 1300 Clark Avenue		23c. DATE SIGNED 12 26 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 29 1950		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo	
DATE REC'D BY LOCAL REG. DEC 26 1950		REGISTRAR'S SIGNATURE J. H. Randle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.H. Randle & Son 3133 Bell Avenue			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. J. Hartman

Signed.....
Student Embalmer

Licensed Embalmer No. *269 A*

P. O. Address. *2769 Charlotte*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.